

Nye Communities Coalition

Community Prevention Plan



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Nye Communities Coalition Community Prevention Plan

Vision

*Empowering families with healthy choices
to build strong youth for a healthy community.*

Mission

*To join organizations, agencies, & individuals
in a coordinated & cooperative effort for the provision of
services & opportunities in Nye & Esmeralda counties.*

Service Area

Nye Communities Coalition (NCC) serves the rural frontier communities in Nye and Esmeralda counties. This huge service area sweeps across over 22,000 square miles of the Mojave Desert in Central and Southern Nevada and includes landmarks such as the Nevada Test Site, Yucca Mountain Repository and a small part of Death Valley National Park.

Membership

Membership in Nye Communities Coalition is open to all individuals, businesses and community agencies residing in Nye or Esmeralda counties. Individuals must reside within these geographic boundaries or be employed by an agency that serves a community within these boundaries.

History

NCC began in December 2000 as the advisory group to the 21st Century Community Learning Center SAFE Schools and the NCSd Safe & Drug-Free Schools. In 2002, NCC incorporated as a non-profit and was soon after accredited by the Nevada Substance Abuse Prevention and Treatment



Agency (formerly the Bureau of Alcohol and Drug Abuse) as a prevention coalition. Additionally, NCC currently maintains United Way accreditation and receives funding from several local, state, and federal sources for a variety of healthy community initiatives.

Successes

Nye Communities Coalition is now celebrating its fifth year of operation. In the years since it's founding, NCC has grown into a strong prevention presence in Nye and Esmeralda counties (NyE). The following are some of the successes:

- An active membership representing over 62 individuals and 25 agencies.
- Three regularly meeting task forces (Southern Nye – Pahrump; Central Nye – Beatty / Amargosa; and Northern Nye / Esmeralda – Tonopah, Goldfield and surrounding communities) representative of NyE.
- A partnership with Nye County Juvenile Probation and the Interact Club to publish a Youth Service and Activity Directory.
- In collaboration with St. Martin's in the Desert Episcopal Church teen nights (substance free games and karaoke) have occurred monthly throughout the counties.
- Intervention and prevention programming has occurred in the schools and on the buses through partnerships with Nye County School District and Esmeralda County School District.
- Pahrump Family Resource Center and No To Abuse worked with NCC to provide prevention programming for parents.
- By collaborating on enforcement of Underage Drinking Laws with Nye County Sheriff's Office, businesses have become more aware of selling to underage patrons.
- By working with WestCare, every middle school student in Beatty was able to attend prevention programming.
- Together with Even Start, a Hispanic Advocate position was created and funded to provide assistance to Spanish-speaking families.
- At the time of NCC inception there were no certified prevention programs, now there are five coalition member agencies SAPTA certified as prevention providers in NyE.
- NCC actively supported the opening of a Boys and Girls Club in Pahrump.
- Five member agencies now provide model prevention programming in NyE.
- NCC is United Way accredited.
- Nevada Substance Abuse, Prevention, & Treatment Agency accredited.
- NCC offers trainings that are often accredited by the Board of Examiners for Alcohol, Drug, and Gambling Counselors and/or the Nevada Registry.
- The Nevada Board of Nursing has accredited NCC to provide continuing education to nurses.
- NCC established a standing Evaluation Committee trained by the Center for Program Evaluation at the University of Nevada Reno.
- NCC was recognized as a Semi-finalist in 2006 for the Congressionally-recognized Coalition of the Year Award.

Step 1. Assessment

Analysis: Consumption & Consequence Data

In 2005 Nye Communities Coalition (NCC) established an Evaluation Committee that consisted of coalition members and staff. This committee received extensive training from the Center for Program Evaluation at the University of Nevada, Reno and from the Community Anti-Drug Coalitions of America (CADCA). The trainings emphasized evaluation processes for community change. This committee has examined data, established risk and protective factor priorities, and prioritized population specific goals. The Committee Members have examined a variety of data sources including indicator data, survey results, key leader informants and community narratives that may not be documented statistically, but are part of the fabric of life in Nye and Esmeralda counties (NyE). The Coalition emphasizes prevention across the life span and, consequently, has priority concerns established for each phase of life. The following provides an overview of the patterns of negative influences that regularly contribute to substance abuse in NyE.

NyE's data shows an intergenerational, community wide pattern of substance abuse initiation and progression in use. Young children in NyE are often exposed to substance abuse quite early in life. A number of mothers drink, smoke, or use other drugs while pregnant. Although community norms do not endorse this behavior, often it occurs as a greater pattern of adult use before the woman even realizes she's pregnant. This pattern is documented by the number of low birth weight babies born to NyE women, 7.2 %.¹ After birth, many children are exposed to increased risks due to alcohol, tobacco or other drugs (ATOD) including second-hand cigarette smoke or abuse or neglect due to family use of alcohol or other drugs such as methamphetamine. Although the true extent of this aspect of the problem is not fully documented, workers from the Department of Child and Family Services attest to the prevalence of alcohol and methamphetamine use in families receiving services. These workers further explain that child endangerment in NyE sometimes occurs through simple exposures such as young children riding in a car with a parent who has been drinking. The general community does not always appear to understand the impact of adult behavior patterns can have on young children. Children are often participating in parental substance abuse at young age by getting their parents beers, cigarettes, or lighters.

NyE youth are embedded in a community saturated with alcohol use. NyE Counties, like much of Nevada, provides 24/7 alcohol access. Generally, community events either sell or allow alcohol use anywhere, anytime. Public behavior at family events such as the 4th of July or the Harvest Festival shows adults with coolers and alcoholic beverages in hand drinking among children. Pahrump town parks disallow glass, but not alcohol. Community observations show that some parents even drink at child softball games.

At Beatty Middle School, the average age of first use for alcohol is 10.2.

At Amargosa Middle School, the average child has their first drink of an alcoholic beverage at age 9.1.

This data is from the 2004 -05 State Incentive Grant Evaluation results, and represents a comprehensive survey of Amargosa & Beatty Middle School students.

¹ Source: Kids Count 2007

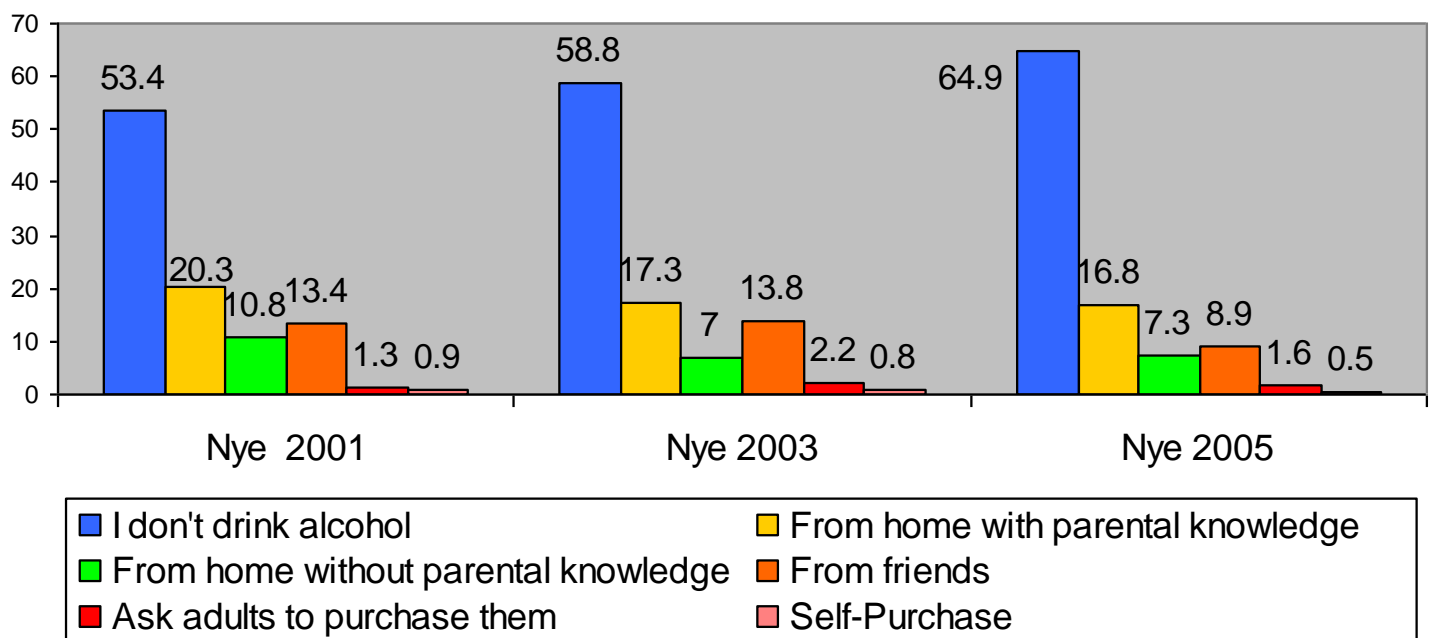
Mini-Markets and corner stores provide a neighborhood social nexus in geographically dispersed Pahrump, but some also advertise and promote cigarettes and alcohol, often at a child's level.

Consequently, children begin their own use quite early. Although there is no direct documentation of elementary school use, over 12% of both Middle School students and High School students report having begun to use alcohol before they were even 8 years old.²

In Middle School, alcohol use increases swiftly. During the 2005 – 2006 school year, all of Nye County School District's alcohol-related school incidents occurred at Rosemary Clarke Middle School in Pahrump (none involving alcohol were reported as having occurred at the High Schools).³ That same year 13% of Middle School students reported they had had 5 or more drinks in a row – binge drinking - at least once within the 30 days preceding the survey.⁴ Students also document beginning to use marijuana and tobacco in Middle School.⁵ According to local youth, persistent myths surround marijuana experimentation, such as the idea that marijuana is safer to use than tobacco, safe because it's natural, or that everyone is doing it.

**Middle School Students:
Where do you normally get the alcoholic beverages you drink?**

Source: 2001, 2003, 2005 YRBS



² Source: 2005 YRBS. While there may be some interpretive issues with this question, meaning how youth understand a drink other than a few sips, this number is consistent among both Middle and High School students.

³ Source: Nevada Accountability Report, available online at www.nevadareportcard.com.

⁴ Source: 2005 YRBS.

⁵ Source: 2005 YRBS.

Middle School students are a developmental group learning life skills on how to cope with disappointment, frustration, and anger. They are also beginning to establish lifelong recreation habits. Sadly, too many NyE Middle School students are surrounded by family models that recreate and self-medicate through the use of ATOD. Over 2/3 of Middle School students who drink report they usually get their alcohol from home with their parents knowing about it (48%), although many get it from home without parental knowledge as well (21%). Middle School substance abuse impacts both their school success and their emotional health. Youth start skipping school and report using alcohol and other drugs while truant.⁶ Emotional difficulties such as sadness and disinterest in activities are prevalent: 27% of Middle School students admit having been so sad or hopeless for over two weeks in a row that they stopped doing their usual activities.⁷ Admittedly, the tie between emotional difficulties and substance abuse are a chicken and the egg question, with no easy answer for which came first, but the relationship is well established.⁸ And NyE youth and adults often lack sufficient access to emotional and mental health services.

In terms of recreation, there has been an explosion of youth activities in Southern Nye County, but youth from poor families or those who are isolated by the geographic distances of NyE (even within Pahrump) face major obstacles to participation, since the counties lack basic infrastructure – no public transportation, and no Department of Parks and Recreation, meaning that most activities are private and cost to participate. Some youth then turn to ATOD, which is easily available, and establish life long behavior patterns which include alcohol, tobacco, and other drug abuse.

By High School, youth continue to binge drink but have moved from home and school into the greater community at large. Peer influence is now overwhelming; most students report they now get their alcohol from friends (47%)⁹. Even if one parent disallows use, this does not stop another parent or adult from supplying alcohol for parties – under the guise that a party at their house is safe, supervised drinking, none of which accounts for consequences such as alcohol poisoning or unintended sexual activity. In addition, youth travel to mobile parties and desert parties, which result in youth drinking and driving. By this time, many more youth have moved on to harder drugs. That fact, combined with the prevalence of methamphetamines in the community, results in an elevated number of High School youth trying it (14%, as against a state rate of 12%)¹⁰. Mental and emotional health suffers, with the pattern of sadness and disinterest continuing (30%).¹¹ This problem is reflected in a high percentage of treatment admissions – 28% - composed of youth.¹²

⁶ Source: Nye County Juvenile Probation's Truancy Prevention Questionnaire. 25% of participants admitted using alcohol while being truant and 38% admitted using illegal drugs.

⁷ Source: 2005 YRBS. This answer is consistent across years, including 2001 & 2003, and across age levels, Middle School & High School.

⁸ See SAMHSA New Release, "Study Finds Link Between Depression and First Use of Drugs or Alcohol." Published on the internet, 5/3/2007 at www.samhsa.gov/newroom/advirseries.

⁹ Source: 2005 YRBS

¹⁰ Source: 2005 YRBS.

¹¹ Source: 2005 YRBS

¹² As reported in the Bureau of Alcohol and Drug Abuse's 2005 Needs Assessment, page C 15

High School Alcohol Based Risk Behaviors: 2005 YRBS

Behavior	NyE High School Rate ¹³	Nevada High School Rate
In the 30 days preceding survey, drank and drove:	10.3 %	10.4%
In the 30 days preceding survey, rode in a car or other vehicle driven by someone who had been drinking alcohol:	26.0 %	26.4 %
Of those who are sexually active, drank alcohol or used drugs before the last time they had sexual intercourse:	25.4 %	22.8%

By adult hood, ATOD use has become an ingrained pattern of use for recreation and a quick fix for feeling bad. In a highly publicized DUI fatality last year, a Pahrump man lost his wife in a car crash (she had been speeding). Two weeks later, on Thanksgiving Day he left a bar and crashed head-on into another car, killing a young man and crippling the other two occupants of the car. According to the papers, he tested positive for a combination of alcohol, illegal drugs, and prescription drugs. This narrative exemplifies our local statistics: Nye County is second in the state for traffic fatalities and injuries involving alcohol and drugs.¹⁴ Furthermore, in 2004, 35% of persons from Nye County admitted to treatment and detoxification self-reported a Co-Occurring Disorder.¹⁵ This compares to only 14% in Churchill County, a demographically similar community. When these consequences occur, they reverberate through our small, integrated communities dividing people, with some folks supporting the defendant and others supporting the family. This case continues to be in the headlines in the Pahrump Community.

As stated earlier, NyE counties have 24/7 alcohol access, and public events normally include alcohol. This contrasts with limited public recreation for adults, since NyE has no Department of Parks and Recreation. Methamphetamine and marijuana are also prevalent. Local dentists' remark on the prevalence of tooth decay typical of methamphetamine use, and, according to community narratives, several employers could not find drug-free employees so they quit testing new hires. Employee Assistance Plans (EAPs) exist only in place in the larger, institutional workforces such as the tests site, but otherwise workplace prevention is virtually non-existent. The local Job Connect personnel report a problem regarding illegal drugs and alcohol: screening out those who come to apply and are obviously drunk or using, and unstable placements of clients who lose jobs as a result of partying and no shows and need to be placed again. Children suffer as a result and also

¹³ This number includes Esmeralda High School students, because they are serviced by Nye County School District.

¹⁴ As reported in the Bureau of Alcohol and Drug Abuse's 2005 Needs Assessment, page 60

¹⁵ Same, page C15. Note that this number excludes Esmeralda County.

through drug and alcohol related poverty.¹⁶ NyE has high transiency, 35% in Nye County and 60% in Esmeralda, as reported by the school districts.¹⁷ A portion of that is attributable to both migrant workers and population movement as communities thrive and fail, but treatment workers report that moving is one of the ways that our local methamphetamine users cope with job loss, home loss, and criminal problems.

As a result, NCC's Evaluation Committee prioritized the following population interventions, based on these patterns of consumption and consequences which characterize our communities:

Population Intervention Priorities

Life phase	Priority	Domain	Intervention Type
Birth - Early Childhood	ATOD Exposure & Endangerment	Family, Community	Selective, Universal
Elementary School	ATOD Exposure & Endangerment Cont'd Early Initiation to Alcohol	Individual, Family, Community	Universal
Middle School	Binge Drinking Initiation to Tobacco & Marijuana	Individual, Family, School	Universal, Selected
High School	Binge Drinking Initiation to Methamphetamines	Individual/Peer, Family, Community	Universal, Selective
Adults	Heavy Drinking, Marijuana & Methamphetamine Use	Individual/Peer & Community	Universal, Indicated

Analysis: Community Infrastructure

A major issue facing Nye and Esmeralda Counties is inadequate and missing data. It is very difficult to get a complete picture of the issue because the agencies and organizations that address the problems do not have effective data collection processes. The reasons for the problem includes collection of data is thought of after the fact, there is not clear reasoning behind data collection, and not enough time, personnel, money and knowledge.

Additionally, limited infrastructure and technology negatively impact the fragmentation of the communities. In Pahrump, the extreme growth creates an arena of inadequate infrastructure as community resources cannot keep up with community growth. Many of the

¹⁶ According to the 2007 Kids Count, 19% of Nye county children live in poverty. The relevant state rate is 15%.

¹⁷ Source: Nevada Accountability Report.

other communities are mining communities and instability of the mining industry does not lend itself to long-term visions of a community.

Community readiness is especially impacted in the rural communities for both political and personal reasons. Community members have a difficult time looking at and addressing problems because of personal involvement of themselves or people they may know. Within smaller communities the lives of the community members tend to be more enmeshed, as an individual will be known and serve in multiple roles. Plus, the smaller the community the more people will know about them – not necessarily all factual information but also rumor and misinformation. This makes community engagement and community readiness a multi layered process as old perceptions, beliefs and judgments enter into the relationships and collaborations.

In addition to these more overarching areas of concern, the evaluation committee felt an ongoing problem would be how to access and engage adults, especially young adults, into the process so that their norms are impacted. It was found that young adults are a missing demographic, and adult drinking patterns are not quantified. The committee felt it would be important to reach these adults where they are at which will mean a concerted effort in the workplace setting, since NyE has no residential college campus.

The committee felt it was also important to note that over the last 2 years, per capita Liquor Licenses quadrupled in Nye County, and that almost all of those licenses occurred in Pahrump. While the population is growing in Pahrump, it grew by an annual average rate of 5%.¹⁸ This outlet growth is creating a foundation for the problems associated with alcohol abuse to build upon and create additional problems.

The Committee's suggestions include:

- Increase data collection capacity within the coalition and within partners;
- Provide trainings & inter-agency involvement at high levels – Justice Court, Businesses, etc.
- Provide focused, accredited professional education and development including College Classes and CEUs;
- Work with businesses on EAP's, Policies and Procedures and Workplace Interventions;
- Provide a large scale community intervention in the South (Pahrump), similar to EUDL in the North & Central – including server's trainings and compliance checks;
- Reach adults and youth at a universal level through community education and marketing;
- Integrate an understanding of inter-generational poverty into services;
- Increase the cultural awareness and competency of coalition staff and partners.

In 2006, the committee analyzed service availability as well. The following table presents service gaps in NyE by age range. It is important to note that prior to State Incentive Grant

¹⁸ Source: Nevada State Demographer Annual Population Estimates.

(SIG) funding, NyE lacked any accredited prevention programs. One of the successes of SIG is that NyE now has 5 SAPTA certified agencies all running model programs. Two are parenting programs; three are direct programming to youth. As part of the SIG funding, these programs experienced a rigorous evaluation process. However, with the end of SIG funding some of these will probably scale back while others may cease altogether. NyE may experience a major loss of resources within the next month. Across the lifespan and across each domain an overriding gap continues to be transportation. There is no public transportation and this especially impacts Pahrump Valley as it is spread out over 298 square miles.

Service Gaps in NyE by lifespan and domain. (Current as of June, 2007)

Lifespan	Individual /Peer	Family	Community
Early Childhood	Health professionals do a good job of screening; child care workers need additional education regarding ATOD abuse affects upon young children.	NCC, Family 2 Family, and Even Start provide prevention resources and parenting classes. But saturation is insufficient and consistency of resources across the communities a challenge.	Government laws and regulations are the strongest source of community prevention. But NyE in general lacks information on in vitro and childhood exposure.
Elementary	DARE in 5 th grade, and limited exposure in health classes. Spotty tobacco prevention across the counties. Inconsistent and some classes are missed completely depending on the age and community.	No prevention programming for families with children of this age group. Limited Parent-Teacher Organizations.	Northern & Central areas have Enforcement of Underage Drinking Laws, South has occasional EUDL activities. Again, inconsistent, sometimes random activities.
Middle School	Universal prevention programming is spotty and may be limited with the end of SIG. Selective services are available in Pahrump, not elsewhere. Community lacks qualifications & money to provide indicated prevention.	Some programming available through SIG funding, but may be limited with the end of SIG. This was a gap prior to SIG funding.	Northern & Central areas have EUDL; South has limited enforcement of alcohol law activities. Sporadic activities and events focused on ATOD awareness, need for regularly occurring awareness.
High School			
Adults	Individual workplaces may have policies and procedures when implemented. Businesses are impeded by the practical costs of implementing practices such as drug testing.	NCC provides prevention resources but its reach is limited because the communities have highly limited family services such as relationship counseling.	No Prevention Available. No Parks and Recreation Department Insufficient Health Resources.

Step 2: Capacity

Nye Communities Coalition (NCC) is a community coalition of three task forces: the Northern Task Force serving Northern Nye and Esmeralda communities including Tonopah, Gabbs, Duckwater, Fishlake Valley, and Goldfield; the Central Task Force serving Beatty and Amargosa; and the Southern Task Force serving the Pahrump area. Each of the task forces has a youth component or youth team. There are currently 62 adult members and 48 youth members of the coalition spread across Nye and Esmeralda Counties. NCC averaged over 1,070 hours of community service / volunteerism for coalition building activities over the last year. Based on the state rate of volunteerism this converts to over \$15,516 worth of effort done by coalition members and community members for coalition specific activities, which does not include the collaborative activities of coalition partnerships.

Nye Communities Coalition has made a concerted effort to ensure that there is representation across all sectors - race, ethnicity, gender, age, geographic location and role in community. To this end, the Hispanic advocate has been funded through Nye Communities Coalition sources and has provided translation, interpretation, and cultural inclusion information and services for the coalition and member agencies to address the growing Hispanic communities' needs and involvement with the coalition.

Youth are engaged and involved in meaningful activities with the coalition including the youth led Kick Butt Day, the youth coordinated and completed Youth Activities Handbook, and the youth developed positive marketing message and presentation on what youth in NyE are doing right, called "Choose To Know".

Additionally, representation from across the communities of NyE has been engaged. On three occasions per year, NCC has Triannuals or NCC³ meetings. These meetings are where all three task forces meet together, in varying spots across the counties. This allows for and recruits individuals in that community to be engaged and involved with the coalition.

The previously mentioned Evaluation Committee is one of the most important committees of Nye Communities Coalition. This group is made up of active coalition members who have received extensive training on evaluation, community building and creating effective coalitions. The Evaluation Committee is responsible for defining and prioritizing the goals and objectives of the coalition. The committee has spent many hours of examining data to determine the most effective and efficient manner to build healthy communities in NyE. They assist coalition staff in presenting the prevention plan to the coalition and community at large and then updating the plan with new information as it becomes available. Members of the evaluation committee include representation from some of the organizations and agencies identified as integral members of prevention.

As the 'target' below demonstrates, NyE has a variety of agencies working to reduce alcohol, tobacco, and drug use, with even more providing support to that mission. Of the eight agencies with a primary purpose of reducing substance use, six are extremely active in the coalition. In fact, five received accreditation from the Nevada Substance Abuse Treatment and Prevention Agency as a result of State Incentive Grant (SIG) funding. NCC will continue

the momentum by continuing to provide community-wide opportunities for professional growth & development of agencies. NCC will foster an atmosphere of inclusion (an operating ethic) with a focus on maintaining a primary identity among community agencies as substance-abuse prevention professionals.

Activities of the coalition have included:

- Accredited professional prevention trainings for the community,
- Assistance and information regarding grants,
- Data collection of youth problem behaviors and the completion of a comprehensive community prevention plan,
- Removal of barriers for agencies that limits their potential for securing resources,
- The promotion of coordination and communication between community agencies and organizations,
- And the funding of prevention programming across Nye.



Of all of the successes in the last couple of years, the one that continues to have the strongest potential for future benefits to the communities has been the development and nurturing of relationships among individuals, agencies, and organizations throughout the two counties.

Nye Communities Coalition will continue:

1. Building the Evaluation Committee as a core component of professional development and providing access to quality data through the community. One priority is the identification of gaps in needed data and the development of collection and processing techniques.
2. Identifying training needs and respond with appropriate, accredited prevention professional trainings. Current trainings in development include Substance Abuse Professional Prevention Training (SAPST) for new prevention providers; Cultural Competency; Understanding Poverty; Dead Eyes, Lost Spirits (Risk Factors & Resiliency in Youth.)
3. Offering trainings accredited by both the Board of Examiners and the Board of Nursing to continue outreach to our community professionals, since some of our community members with the best combination of knowledge, skills, and access to community members are nurses.
4. Providing general prevention trainings to the community including: Assets, Why Youth Use, and Alcohol Server-Seller Trainings.
5. Maintaining a focus on Assets for parents and youth workers as a convenient, positive way to quantify and increase the protective factors in youths' lives.



Step 3: Planning

The Planning Process

As previously noted Nye Communities Coalition formed an evaluation committee in July, 2005. This committee has taken on the responsibility of leading the coalition forward in the development of the overriding strategies of the coalition, along with prioritizing the risk and protective factors and determining the path of the future plans for the coalition. The evaluation committee is composed of volunteers from the membership and has included youth volunteers. The committee has ensured that the membership as a whole has been kept informed and engaged in the process through presentations and reports. The Committee and staff jointly developed goals which would be feasible and build on the strengths and relationships the coalition already has, thus generating more forward momentum. The following theory of change and logic model combination is a direct result of the evaluation committee's efforts.

Theory of Change in NyE

Note: ATOD stands for Alcohol, Tobacco, and Other Drugs.

Young Children & Infants:

- IF youth workers are given the skills to see risky situations for young children and infants from adult ATOD use then they will be in the best situation to intervene and prevent consequences to young children who are vulnerable.
- IF parents and caregivers are educated about the harmful consequences to young children and infants from exposure to ATOD, then they will be less likely to expose their children.
- IF community leaders, including business owners, are engaged and given feasible tools with which to protect young children, they will.

Priorities	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
Babies & Young children in NyE are exposed to drugs & alcohol, causing health & social problems.	DCFS Narratives, Low Birth weights, Infant Mortality	Decrease exposure. Increase reports to law enforcement & CPS to reduce child deaths. Increase safety.	Community tolerates or is unaware of the impacts on Young Children.	Education & Information Dissemination. Environmental Strategies.	Trainings, Presentations to Parents, Community Leaders, Family & Youth Workers.

Elementary School

- IF parents reduce access to alcohol in the home, then children will have fewer opportunities to begin drinking.
- IF youth experience fewer social exposures and marketing, then youth will experience less curiosity about drinking as an adult behavior.
- IF youth have a better understanding of drinking as a responsible adult behavior and not appropriate for youth, then they will be less likely to try it.

Priorities	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
<p>NyE Children can't to be exposed to drugs & alcohol.</p> <p>NyE Children are beginning to drink in Elementary School</p>	Age of Initiation to Alcohol as reported by Middle School & High School students.	<p>Increase family bonding.</p> <p>Delaying the Age at which children begin to drink beyond elementary school.</p> <p>Decrease Exposure.</p>	<p>Family involvement in early drinking.</p> <p>Children are surrounded by an environment of drinking: social use at events, marketing & availability at convenience & grocery stores.</p>	<p>Individual & Family Education.</p> <p>Reduce social exposure in the community.</p> <p>Environmental Strategies to change marketing practices at local retail establishments.</p>	<p>Direct programming to youth.</p> <p>Parenting Classes.</p> <p>Community Marketing Surveys to Reduce Marketing to Youth.</p> <p>Trainings to Community Leaders, Family & Youth Workers</p>

Middle School Youth

- IF youth are not immersed in a culture of alcohol, then they will not learn how to drink at an early age.
- IF youth experience less marketing then youth will be less curious about drinking as an adult behavior.
- IF parents reduce access to alcohol in the home, then middle school children will have fewer opportunities to drink.
- IF parents reduce their children's involvement in their substance abuse, then children will be less likely to think of ATOD use as acceptable.
- IF youth experience fewer social exposures, then youth will be less likely to drink while socializing.

- IF youth learn to cope with bad feelings and are able to access mental and emotional health services when they need them, then they will be less likely to self-medicate with ATOD.
- IF youth learn can have fun without ATOD, then ATOD will not be as alluring.

Middle School Youth Cont'd.

Priorities	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
NyE Children in Middle School are binge drinking & beginning to use marijuana	30 Day Use Binge Drinking, Age of Initiation to Marijuana, School Alcohol Related Incidents.	<p>Reduce ATOD associated truancy & grade problems in Middle School.</p> <p>Reduce ATOD related antisocial attitudes & emotional problems beginning in Middle School.</p> <p>Increase social competencies and healthy recreation.</p>	<p>Families promote early drinking by making alcohol available.</p> <p>Youth have persistent myths & misinformation regarding ATOD.</p> <p>Youth should be learning positive coping skills but are instead following adult models of ATOD use for recreation & self-medication.</p> <p>Children are surrounded by an environment of drinking: social use at events & marketing at convenience & grocery stores.</p>	<p>Family education & awareness.</p> <p>School-based education & information dissemination.</p> <p>Promote Alternative Activities</p> <p>Support increased availability of mental & emotional health services.</p> <p>Environmental strategies to change marketing practices & local events.</p>	<p>Parenting Classes & family prevention services.</p> <p>Direct programming to youth.</p> <p>Grant writing, partnering, & trainings.</p> <p>Trainings to Community Leaders, Family & Youth Workers</p> <p>Community Alcohol Law Enforcement. & Marketing Surveys.</p>

Continued on the Next Page.

High School Age

- IF youth perceive consequences to ATOD use, then they will be less likely to consume ATOD.
- IF youth have their myths and misinformation concerning ATOD corrected, then they will be less likely to make decisions to use or not based on those myths or misinformation.
- IF youth learn to cope with bad feelings without ATOD and able to access mental and emotional health services when they need them, then they will be less likely to self-medicate with ATOD.
- IF youth learn they are able to have fun when they are ATOD free, then ATOD will not be as alluring.

Priorities	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
NyE High School students & young adults continue to binge drink & are beginning to use methamphetamines.	30 Day Use Rates, Lifetime Use Rates, Juvenile Justice & School Incidents. Community narratives. YRBS self-reports of driving under the influence or riding with someone who has. YRBS self-reports of ATOD use before sex.	Reduce ATOD-related risks and consequences: Driving under the influence, Riding in a car with a driver under the influence, Unintended sexual Activity, etc. Reduce ATOD related antisocial attitudes & emotional problems in High School. Increase social competencies and healthy recreation.	Community saturation with meth & alcohol creates easy access & acceptability of youth use. Youth have persistent myths & misinformation regarding ATOD. Youth lack coping skills & are now following adult models of ATOD use for recreation & self-medication.	Increase enforcement of existing & new laws. School-based education & information dissemination. Public Information & Awareness Campaigns Promote, support Alternative Activities & increased availability of mental health services.	Compliance checks of retail outlets & server trainings. Direct Programming to Youth. Event specific activities including life events such as new driver's licensing, prom, or graduation, to raise awareness. Grant writing, partnering, & training.

Adults

- IF community leaders regard heavy drinking and substance use as a problem, then so will their constituents.
- IF adults have non-ATOD recreation available to them, then they will be less likely to drink or use drugs.
- IF adults are able to get the emotional and mental health services they need, then they will be less likely to self-medicate with ATOD.
- IF workplaces and public places have strong norms against heavy drinking and substance use, then their employees will be less likely to engage in those activities.
- IF adults learn other ways of living, then so will their children.

Priorities	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
NyE Adults drink heavily, use meth-amphetamines & marijuana.	Adult Arrests, Incarcerations, Highly publicized DUI fatalities Treatment Admissions Employer Narratives Public Behavior at Events Unemployment & Welfare Rates.	Reduce injuries & fatalities associated with ATOD use. Reduce ATOD related transiency & homelessness. Reduce workforce impact enabling workers to get and keep jobs. Increase social competencies and healthy recreation. Increase family functioning.	Social norms saturate the community with meth & alcohol. Adults lack non-ATOD social opportunities. Intergeneration al substance abuse & poverty is engrained in parenting & discipline styles. Adults self-medicate with ATOD.	Public Information & Awareness Campaigns Specific Awareness Campaigns Targeted to Key Leaders Environmental Strategies Workforce Interventions Alternative Activities Support increased availability of mental health services & non-ATOD recreation.	Trainings & Presentations to community leaders, businesses Assistance to businesses. Workplace prevention programming. Provide Support to increase services & Access through grant writing, partnering, & training. Parenting classes.

Step 4: Implementation

The following is the comprehensive strategic plan. This plan will be utilized to determine the focus of Nye Communities Coalition efforts over the next several years.

Several of these issues began to be addressed almost three years ago with the implementation of the State Incentive Grant (SIG) process. All programs currently being offered through SIG address the prioritized risk and protective factors identified. Each of the projects and programs are being monitored and evaluated to determine change regarding those areas.

Additionally, each project has looked at sustaining their efforts to address the risk and protective factors. The coalition as a whole has considered how to maintain the successful efforts. One of the main focuses has been the synergistic affects of the collaboration that has occurred within the coalition. NCC has worked with coalition partner agencies to incorporate, as much as possible, the activities and the projects so that they are part of the operations of the organization. NCC also works with the coalition membership to encourage creating thinking on funding sources and on identifying potential collaborations that have not been previously considered.

The overriding community norms of community pride, community connectedness and commitment to a healthy lifestyle are evaluated as protective factors for Nye and Esmeralda Counties. High levels of each are a desired quality in a healthy community and the activities and projects of the coalition partners address these norms. From the chart it can be noted that there are a variety of projects that address each of the issues; however, there continue to be significant gaps.

The gaps present in Nye and Esmeralda in regard to these prevention programs are numerous. While there are select groups that have received model prevention programming; for the most part programs are limited and offered sporadically across the counties. All of the model programs that are being offered in Nye and Esmeralda Counties are currently funded by BADA SIG with the exception of the DARE / GREAT program and one Positive Action program in Pahrump. This is especially significant as SIG funding ends in June 2007. Evaluation of the successfulness of the SIG projects is integral to the sustainability of the projects as the coalition and the partnering agencies examine ways to continue the programs.

Target Population: Babies & Young Children

Strategies:

- ✓ Educate Mandatory Reporters (Youth & Family Workers, Clergy) regarding Exposure and Endangerment. IOM category: Indicated.
- ✓ Educate & Assist Community Leaders and Parents to reduce exposure and provide nurturing environments for our young children. IOM category: Universal

NCC has a strong working relationship with programs and agencies that work with children including No To Abuse, which operates Family to Family; and Even Start Family Literacy, which works with Hispanic parents of young children. One of NCC's strengths is in providing

information and accredited local trainings to service providers. NCC intends to continue to develop trainings on the impact ATOD has on young children and infants, such as second hand smoke exposure, drug-endangered children, children riding with drunk drivers, and fetal alcohol syndrome. These trainings would educate providers to determine when a child is exposed or endangered and report it. Additionally, NCC will provide information and education to community leaders such as the Faith Based Community to continue to increase awareness of these problems and assist with solutions. NCC will also continue to support parenting classes which aim to assist parents create a healthy and nurturing environment for all children. NCC participates in the Child Death Review Team and will continue to do so.

Target Population: Elementary Age Children

Strategies:

- ✓ Individual & Family Education
- ✓ Reduce Social Exposure in the Community
- ✓ Environmental Strategies in Marketing, Sales
- ✓ Continue to reduce exposure and endangerment of vulnerable age groups.

NCC's strategies are designed to change the environments in which young children drink. NCC will implement universal prevention education and information designed to delay the age at which children begin to drink. But it will assist that effort by educating the first place that children get their alcohol: home. It will also try to change the context of childhood drinking through activities and information campaigns designed to raise awareness and educate community leaders and family and youth workers on the effects of early drinking on children. Finally, NCC will continue to conduct environmental strategies such as marketing surveys by youth to raise awareness and change marketing practices directed at children.

Target Population: Middle School Students

Strategies:

- ✓ Parenting Classes. IOM Category: Universal & Selective
- ✓ Youth Prevention Programming. IOM Category: Universal
- ✓ Promote Alternative Activities. IOM Category: Universal
- ✓ Support increased availability of emotional and mental health services. IOM Category: Universal, Selective
- ✓ Continue to decrease social exposure & marketing to youth. IOM Category: Universal
- ✓ Promote a positive relationship with schools. IOM Category: Universal

Middle School Students who use often are alienated from school or begin to have academic issues. These strategies are designed to counteract peer, community and family influences of using ATOD both to solve problems and recreate. This means having families learn better ways to interact; but also counteracting youth myths regarding ATOD, teaching positive coping skills, and providing and supporting alternatives to ATOD recreation.

Target Population: High School

Strategies:

- ✓ Increase enforcement of laws: compliance checks, server trainings. IOM Category: Universal

- ✓ **Direct Programming to Youth. IOM Category: Universal & Selective.**
- ✓ **Event-Specific Activities: Prom, Graduation, etc. IOM Category: Universal.**
- ✓ **Increase awareness of ATOD consequences. IOM Category: Universal**
- ✓ **Promote a Positive View of the Future. IOM Category: Universal**
- ✓ **Promote Alternative Activities. IOM Category: Universal**
- ✓ **Support increased availability of emotional and mental health services. IOM Category: Universal, Selective**

High School students are moving away from the influence of home life and are experiencing more freedom to interact in the larger community. Major life events often involve greater freedom such as driving a car or having money from a job for the first time, but also come with a greater responsibility to others: such as driving responsibly. These strategies are designed to use the excitement that these new freedoms can generate to help youth make better choices rather than destructive ones. The enforcement of laws, at this point, needs to be universal because of the greater freedom youth may have. One parent's stance against alcohol will be rendered ineffective if another parent will provide alcohol to youth parties or if youth may get ATOD in the community.

Target Population: Adults

Strategies:

- ✓ **Workforce based education and support.**
- ✓ **Education of Community Leaders and Business Leaders.**
- ✓ **Promote Non-ATOD recreation and activities. IOM Category: Universal**
- ✓ **Promote positive parenting to improve family functioning. IOM Category: Universal.**
- ✓ **Support increased availability of emotional and mental health services. IOM Category: Universal, Selective**

Based upon this information NCC has developed a statement of belief:

Nye Communities Coalition believes that employers are one of the best sources of change for NyE as they are the nexus between youth in school and adults in the community. We believe that the problems employers experience with workers who use – increased accidents, no shows, excessive sick time, and damage to reputation - are the same problems schools have with youth who use – increased truancy, accidents, grades and skills suffering. Because substance abuse is often intergenerational in character, with consequences reverberating through the community, we believe that to change one you must change the other. We believe that a father who drinks to excess to dull his emotional pain will teach his daughter to use methamphetamine when she's sad or angry.

Data

Nye Communities Coalition uses three types of data to track the effectiveness of its programs and the concerted efforts to change our community substance abuse problems:

1. Process data:

Process data are outcomes specific to activities and include the number of participants, how often a program met or an activity was held and for how long, and whether any changes were made to the curriculum. This data insures that programs are meeting their objectives by reaching audiences, appropriate saturation, and implementations with fidelity. Collection of this type of data is a first step in successful prevention interventions.

2. Program data:

Program data gauges how well a particular program works by measuring the difference in attitudes and behaviors as a result of exposure to a particular curriculum. It is usually measured by the difference between pre-test and post-test of participants. It provides feedback to the program providers on how well the program is matched to its participants and how well the facilitator delivered the programs. NCC-funded or sponsored programs usually use program specific evaluation tools (surveys) created by the developer. For example, the impact of Positive Action, a model program, would be measured using the developer's tool.

3. Community Data:

This is the 'hard' data that measures not so much the impact of individual programs but the aggregate impact of coalition work through a variety of strategies. Intervening variables should be the first to change as a result of a successful program of community change, with lasting change eventually moving community indicators. Examples of this type of data are survey data and indicator data – Juvenile Justice Referrals, DUI arrests, Alcohol related alcohol fatalities, and so forth. It also includes survey data such as the Youth Risk Behavior Survey (YRBS).

Out the outset of any project NCC evaluates against the baseline data before hand. Often, such as with YRBS survey data, NCC can assess the prevailing trend over several years of data. Of course, these are complicated pictures with multiple factors at play, such as the impact of previous coalition work.

In some cases, where the impact of community problems is felt but not measured, such as with workforce issues, NCC will have to create data collection procedures in cooperation with the participating agencies. These data collection procedures must be accurate, replicable, and useful without creating a hardship on the assigned personnel. This data will also need to safeguard privacy and consent, as discussed below.

Confidentiality & Informed Consent

Nye Communities Coalition is deeply protective of its integrity within the community because there must be trust in the agency in order to give accurate information. Trust is earned and requires that confidences be maintained and purposes disclosed above the level that the law requires. NCC is committed, in the first place, to not collecting personally identifiable health information when there is no need and suppressing identifiers when the collection of personally identifiable data is required. As a result of funding requirements such as the State Incentive Grant, many of our agency personnel are quite skilled in implementing privacy safeguards, and more are receiving training in survey protocols. A partnering agency on an NCC project is required to be compliant with applicable privacy laws such as HIPAA or 42 CFR Part 2 when applicable, including keeping copies of notice and consent on file. Furthermore, consent must be informed within the meaning of the law: the full purpose of the data collection must be disclosed. Partnering agencies are also required to use restraint, respect, and common sense in their everyday dealings with the public on NCC's behalf.

Improving Effectiveness of Programs

NCC engages a holistic approach to gauging the effectiveness of its programs. The first level to measure the effectiveness of project success is the project personnel, who are responsible for front-line implementation issues such as monitoring programs for completion of contractual requirements, numbers, fidelity, and scopes of work. Second, NCC contracts with an external evaluator to provide statistical analyses of program impacts data. Finally, the responsibility for interpreting evaluation results and making recommendations for improvement rests with its Evaluation Committee. This committee is composed of agency leaders who combine their substantial program knowledge with familiarity with local situations to provide feedback and specific recommendations to NCC and partnering agencies. This feedback can include specific recommendations such as for a facilitator to gain more skills or knowledge or recommendations for event improvements; but it can also give general feedback considering the circumstances of working within NyE. The benefit of this peer process is that an outsider can evaluate a program's effectiveness based on whether statistically significant results were obtained. Community insiders can additionally consider such things as historical relationships, agency challenges, and community norms.

